PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable feets), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax

(703) 746-4000 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the			
				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
*****				have its own certificate of mailing or transmission.			
HESLIN ROTHENBERG FARLEY & MESITI P.C. 5 COLUMBIA CIRCLE				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being denocited with the United			
ALBANY, NY. 12203				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
C.				transmitted to the USPTO (703) 746-4000, on the date indicated below.			
	* \	\ <u>.</u>		(Depositor's name)			
	NO	يخ 2004 الم)		(Signature)		
	, &/		<u>. </u>		(Date)		
APPLICATION NO.	FILING DATE	TRADEMAN FIRST NAMED INVEN		ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/740,440	12/19/2000	Thomas A. Greg		g	POU919980103US1	4913	
TITLE OF INVENTION: EMPLOYING A DATA MOVER TO COMMUNICATE BETWEEN DYNAMICALLY SELECTED ZONES OF A CENTRAL PROCESSING							
COMPLEX							
APPLN. TYPE	SMALL ENTITY	ISSUE FI	F PI	JBLICATION FEE	TOTAL FEE(E) DUE	DATE OUE	
nonprovisional	NO	<u> </u>			TOTAL FEE(S) DUE	DATE DUE	
nonprovisional 140		\$1370		\$300	\$1670	01/27/2005	
EXAMINER		ART UNIT		LASS-SUBCLASS]		
CASIANO, ANGEL L		2182		710-033000	_		
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
CFR 1.363). Lawrence D. Cu						ce D. Cutter, Esq.	
Address form PT()/SD/172) ottoched				r agents OR, alternatively, 2) the name of a single firm (having as a member a 2. Blanche E. Schiller, Esq.			
# "Fee Address" indica	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 & Mesiti P. C.						
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3 & Mesiti P.C.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
TMTERMATTON	AT RIICTNECC MAC			Ammont. 1	.01 FC;1501 137	0.00 JH	
INTERNATIONAL BUSINESS MACHINES CORPORATION Armonk, New City 300.00 DA							
Please check the appropriate assignee category or categories (will not be printed on the patent): ± Individual XX Corporation or other private group entity ± Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
				nount of the fee(s) is en			
				ayment by credit card. Form PTO-2038 is attached.			
± Advance Order - # of Copies XEX The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 9-0463 (IBM) (enclose an extra copy of this form).							
5. Change in Entity Status	(from status indicated above	:)					
± a. Applicant claims SI	MALL ENTITY status. See	37 CFR 1.27	🛨 b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
interest as shown by the reco	ords of the United States Pate	and Trademark	office.	ian the applicant; a regi	istered attorney or agent; or the	he assignee or other party in	
	11/1/		0		~		
Authorized Signature	Teevol.1	Tee		Date <u>Nov</u>	vember 🔏, 200	4	
Typed or printed name		ove, Esq.			No. 32,684		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from 18th USPTO Transitions and confidential the completed application for the USPTO Transition and the confidence of the con							
submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgina Alexandria, Virginia 22313	plication form to the USPT	O. Time will vary of	depending upon the i	ndividual case. Any co	mments on the amount of the	me you require to complete	
Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	nia 22313-1450. DO NOT : 1450.	SEND FEES OR C	OMPLETED FORM	S TO THIS ADDRESS	S. SEND TO: Commissioner	for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.